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Division of Corporations

: (850)617-6383 Fax Number

From:

: INCFILE.COM LLC Account Name Account Number : I20220000070 : (888)462-3453

Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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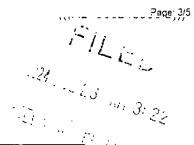
JUL 2 4 2024

TO:

COVER LETTER

Same of Lim	nted Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
idence concerning this matter	to the following:	
LOVETTE DOBSON		
	Same of Person	
	Firm/Company	
17350 STATE HWY 249 5		
HOUSTON, TX 77064	Addies	
EFILE1234@INCFILE.CO	City/State and Zip Code	
		nt notification)
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		f Corporations e of Tallahassee Jonroe Street, Suite 810
	HOUSTON, TX 77064 EFILE 1234@ INCFILE.CO F-mail address: (neerning this matter, please of Certificate of Status) Ection corporations Enter the substantial feet and th	Name of Limited Liability Company Amendment and fee(s) are submitted for tilling. Idence concerning this matter to the following: LOVETTE DOBSON Name of Person

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



A SIMPLE NO	THAS LEE	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company v	vere filed on 11/07/2023	and assigned
Florida document number 1.23000505973		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
SYSTEMYZE LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

	Page, 4/5

If amending Authorized Person(s) authorized to	to manage, enter the	title, name, and	address of each	person be	sing added
or removed from our records:					

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			[] Change
			EļAdd —
			□ BRemove S
			∵ □Change
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			FiAdd
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D. If amending any other inform		· · · · · · · · · · · · · · · · · · ·		

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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	st be specific and cannot be pillock does not meet the app	nor to date of filing dicable statutory	or more than 90 days a	ther filing.) Pursuant to 605,0207 (3)(b)
If the record specifies a delayed effective record is filed.	e date, but not an effectiv	e time, at 12:01 a	m, on the earlier of	(b) The 90th day after the
Dated July 22	2024			
	Signature of a member or at	lison R+	ayton	
		son R Payton	y con a memori	

Filing Fee: \$25.00

Typed or printed name of signee